



A Public Service Agency

APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE
FOR REGISTRATION SERVICE

(PART A)

DMV USE ONLY

OL LICENSE NUMBER

PLEASE PRINT

BUSINESS NAME	FULL BUSINESS NAME UNDER WHICH THE FIRM WILL BE DOING BUSINESS
APPLICANT'S NAME	APPLICANT'S TRUE FULL NAME (LAST, FIRST, MIDDLE)

O W N E R S H I P I N F O R M A T I O N	CHECK APPROPRIATE BOX		
	<input type="checkbox"/> I am the sole owner.		
	<input type="checkbox"/> We are co-partners and no other person is associated in the ownership of the business.		
	<input type="checkbox"/> This business is incorporated in the State of _____ and is authorized by the Secretary of State to transact business in California. Our corporate number is _____.		
	<input type="checkbox"/> This business is a Limited Liability Company in the State of _____ and is authorized by the Secretary of State to transact business in California. Our Limited Liability Company number is _____.		
<input type="checkbox"/> This business is an Association.			
List name and title of sole owner, each partner (designate whether general or limited), each principal corporate officer or stockholder participating in the direction, control and management of the policy of the business. If additional partners or officers, attach list. A stockholder holding 10% or more interest in the corporation must be disclosed as a principal stockholder.			
	TRUE FULL NAME (LAST, FIRST, MIDDLE)	TITLE	"X" IF PRINCIPAL STOCKHOLDER
PLEASE NOTE: A Personal History Questionnaire (Part B) and fingerprint card must be completed for each individual listed above.			

The licensee is required to maintain an established place of business where all books and records relating to that business (main or branch office) are available for and open to inspection by any authorized departmental employee during regular business hours.

PRINT CURRENT BUSINESS ADDRESS(ES) AND PROPERTY INFORMATION. IF ADDITIONAL OFFICES, ATTACH LIST WITH APPROPRIATE INFORMATION.

MAIN OFFICE	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ()
	PROPERTY OWNER'S TRUE FULL NAME			OWNER'S TELEPHONE NUMBER ()
	OWNER'S ADDRESS (NUMBER AND STREET)			CITY ZIP

PLEASE NOTE: A separate application is required to license any location operating under a different name or ownership.

BRANCH OFFICE 1	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ()
	PROPERTY OWNER'S TRUE FULL NAME			OWNER'S TELEPHONE NUMBER ()
	OWNER'S ADDRESS (NUMBER AND STREET)			CITY ZIP

BRANCH OFFICE 2	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ()
	PROPERTY OWNER'S TRUE FULL NAME			OWNER'S TELEPHONE NUMBER ()
	OWNER'S ADDRESS (NUMBER AND STREET)			CITY ZIP

BRANCH OFFICE 3	(NUMBER AND STREET)	CITY	ZIP	BUSINESS TELEPHONE NUMBER ()
	PROPERTY OWNER'S TRUE FULL NAME			OWNER'S TELEPHONE NUMBER ()
	OWNER'S ADDRESS (NUMBER AND STREET)			CITY ZIP

BUSINESS HOURS	The main and branch office(s) meet(s) property use requirements. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	All books/records relating to the business will be available and open for inspection during:		
	HOURS: OPEN	CLOSE	DAYS:



OL #
NAME

List all persons employed by the registration service to perform registration work. If there are additional employees, please attach list.

TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR CALIF. ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT

Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR CALIF. ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT

Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR CALIF. ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT

Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR CALIF. ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT

Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR CALIF. ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT

Authorized to sign for owner or management: ☐ Yes ☐ No

TRUE FULL NAME (LAST, FIRST, MIDDLE)				DRIVER LICENSE OR CALIF. ID NUMBER	STATE ISSUED
RESIDENCE ADDRESS (NUMBER AND STREET)				CITY	ZIP
BIRTH DATE	SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT

Authorized to sign for owner or management: ☐ Yes ☐ No

EMPLOYEE INFORMATION

I agree to notify the department in writing immediately of any change in location, ownership, or legal structure of this business and to submit new application papers properly reflecting the changes together with the required fees.

I accept full responsibility for the actions of those employees listed as well as those employees given authority to sign for the owner or manager.

I have been provided with a Registration Service Program Handbook, OL 306, and understand it is my responsibility to review the statutes and regulations pertaining to the operation of a Registration Service. I have been further advised that the Registration Service Program Handbook may also be downloaded from DMV's website at: http://www.dmv.ca.gov/vehindustry/ol/ol_handbooks/ol306.pdf

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF LICENSEE (SOLE OWNER, PARTNER, OR OFFICER OF CORPORATION ONLY)	TITLE	DATE
X		

CERTIFICATION